

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582114

FILING DATE

6-8-6

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| 3 | 2 | | 1 | | | |
| 4 | 2 | | 1 | | | |
| 5 | 2 | | 1 | | | |
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| TOTAL IND. | 1 | | 1 | | | |
| TOTAL DEP. | 16 | ← | 19 | ← | ← | |
| TOTAL CLAIMS | 1 | 20 | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | | |
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